

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/596,611

FILING DATE

6-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	8	0				
5						
6						
7		1				
8		1				
9						
10		1				
11						
12		1				
13	1					
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49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	13	←		←		←
TOTAL CLAIMS	14	QR	QR	QR	QR	QR

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		QR	QR	QR	QR	QR